

DEPARTMENT FOR WORKFORCE INVESTMENT
Office of Vocational Rehabilitation & Office for the Blind
VENDOR APPLICATION FORM

Dear Vendor,

The Office of Vocational Rehabilitation (OVR) and Office for the Blind (OFB) provide services to enable Kentuckians with disabilities to enter or maintain employment. Thank you for working with our agencies in support of our mission.

In order for OVR/OFB to comply with the Internal Revenue Service in completing the Form-1099 MISC, this section must be completely filled in:

**Vendor Name &
Complete
Address**

TAX STATUS (must check one)

- ☐ Individual
 ☐ Sole Proprietorship
 ☐ Partnership
 ☐ Estate/Trust
☐ Corporation
 ☐ Public Service Corporation
 ☐ Governmental/Non-profit Agency

9 DIGIT TAXPAYER ID NUMBER (SSN)

EMPLOYER ID NUMBER (FEIN)

____ - ____ - ____ OR ____ - ____ - ____

Legal Business Name: _____

Contact Person (**full name**): _____

Phone #: _____ FAX #: _____

Email (Optional): _____

Specialty/Service (check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Medical (Please specify) _____ | | |
| <input type="checkbox"/> Assistive Technology | <input type="checkbox"/> Hotel/Motel/Lodge | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Attendant Care | <input type="checkbox"/> Housing/Food | <input type="checkbox"/> Property Modification |
| <input type="checkbox"/> Business/Trade/Technical School | <input type="checkbox"/> Interpreter | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Laboratory | <input type="checkbox"/> Reader |
| <input type="checkbox"/> Chiropractor | <input type="checkbox"/> Licenses & Permits | <input type="checkbox"/> Retail/Wholesale |
| <input type="checkbox"/> College or University | <input type="checkbox"/> Medical Clinic | <input type="checkbox"/> Supported Employment |
| <input type="checkbox"/> Dentist/Oral Surgery | <input type="checkbox"/> Notetaker/Tutor | <input type="checkbox"/> Therapist (Soc. Worker/Marriage-Family) |
| <input type="checkbox"/> Dietary Services | <input type="checkbox"/> On the Job Training/Job Coaching | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Electronic Equipment (i.e. computers etc.) | <input type="checkbox"/> Optometrist | <input type="checkbox"/> Van Modification |
| <input type="checkbox"/> Hospital (In or Out Patient) | <input type="checkbox"/> Vocational Assessment & Adjustment | |
| <input type="checkbox"/> Other Specialty Training (Specify) _____ | | |

Certification/Licensure (as appropriate): _____

Certificate/License Number: _____

Date Certificate/License valid through: _____

Counties where services offered (Write "All", or list individually. If necessary, attach another sheet):

The Kentucky Education and Workforce Development Cabinet, Department for Workforce Investment, *Office of Vocational Rehabilitation and Office for the Blind* do not discriminate on the basis of race, color, national origin, sex, age, religion or disability.

DEPARTMENT FOR WORKFORCE INVESTMENT
Office of Vocational Rehabilitation & Office for the Blind
GUIDANCE GOVERNING PURCHASE OF SERVICES

The Kentucky Office of Vocational Rehabilitation (OVR) and the Office for the Blind (OFB) must comply with state and federal law in regard to additional charges that may be levied against an OVR or OFB consumer. Pursuant to 781 KAR 1:020 § 5, a vendor providing any service authorized by a vocational rehabilitation agency, such as OVR and OFB, shall **agree not to charge or accept from the applicant/consumer or his/her family any payment for such service, unless the amount of such charge or payment is previously known to and, where applicable, approved by OVR or OFB.**

In accordance with 34 CFR § 361.53, full consideration must be given to any comparable benefits available to the consumer under any other programs to meet, in whole or in part, the cost of vocational rehabilitation services. Such comparable benefits include, but are not limited to, Medicaid, Medicare, private insurance and /or any other health insurance and all forms of federal, state and private post-secondary financial aid.

Applicant certifies by submission of this application that neither it nor its principal(s) are presently debarred, suspended or proposed for debarment, by any federal or state department or agency.

An Authorization for Goods and/or Services from the Office of Vocational Rehabilitation or the Office for the Blind is a guarantee of a base payment to the vendor. **The rate is determined by fee schedules and Service Fee Memoranda found on the OVR internet site <http://www.ovr.ky.gov>** or other mechanisms to establish a payment rate.

Should the service provider elect not to accept an OVR or OFB Authorization for Goods and/or Services, the vendor must return the Authorization to the authorizing counselor upon receipt. The consumer will be notified by the OVR or OFB counselor that the agency will not be responsible for services provided by this vendor.

When OVR or OFB is an involved purchaser of services, itemized bills and appropriate reports, discharge summaries, diagnostic test results, etc. must be provided to the authorizing counselor. Failure to provide such will result in payment delays to the vendor and/or service delays to the consumer.

Any overpayment to a vendor shall be reimbursed to OVR or OFB within 30 days of the time the account goes into over-payment status.

The applicant certifies by submission of this document that the providers of the service(s) meet all licensing/accrediting/certification requirements of OVR/OFB as well as applicable state and federal requirements.

Vendors providing goods or services will do so without regard to race, color, national origin, sex, age, religion or disability.

Authorized Signature

Date (MM/DD/YYYY)

Printed Name

(THIS SECTION MUST BE COMPLETED BY OVR or OFB COUNSELOR)

Counselor Name and Address

Type of Vendor/Service Provider (must check one)

- ☐ Comm. Rehab. Prog. -State/Co/City/Gov.
☐ Comm. Rehab. Prog. - Private
☐ Other Vendors -State/Co./City/Government
☐ Other Vendors - Private